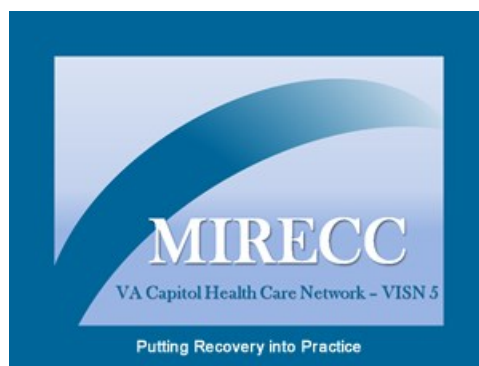

SHARED DECISION-MAKING FOR FAMILY INVOLVEMENT IN TREATMENT

SDM-FIT MANUAL 2016

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SHARED DECISION-MAKING FOR FAMILY INVOLVEMENT IN TREATMENT

A BRIEF OVERVIEW

What is SDM-FIT?

The SDM-FIT protocol is a brief and user-friendly tool for VA mental health providers to facilitate collaborative discussion with Veterans regarding family involvement in mental health treatment. Topics discussed include benefits of, concerns about, and preferences for family involvement. The protocol is designed to facilitate an approximately 30-minute conversation between any mental health provider and Veteran receiving mental health treatment.

Why SDM-FIT?

Involvement of family in a Veteran's mental health treatment can improve family functioning and effectively mobilize the family's social and emotional resources in support of the Veteran¹. Studies have shown that the majority of Veterans with mental illness have regular contact with family² and prefer to have family involved in their mental health care, often through multiple methods³. Despite this, rates of family involvement in mental health treatment for adults with mental illness are unacceptably low⁴.

One reason for these low rates may be that providers are not regularly and comprehensively assessing Veteran preferences for family involvement in care. There appears to be a significant mismatch between VA mental health clinician beliefs about Veterans' preferences in this area, and Veterans' actual preferences, with many VA staff in mental health clinics endorsing beliefs that the Veterans they work with have little to no contact with family members or do not want them to be involved⁵. Despite a directive from the Uniform Mental Health Services handbook, which states that providers must discuss family involvement with Veterans with mental illness at least annually, it is unclear whether, how often, and in how much depth Veteran preferences regarding family involvement in mental health care are being discussed.

Shared decision-making (SDM), a collaborative process that allows consumers and clinicians to make health care decisions together, can be used to help Veterans communicate their preferences about family involvement in their mental health care. A recently completed study tested a brief (up to three sessions) intervention based on SDM and motivational interviewing, Recovery-Oriented Decisions for Relatives' Support (REORDER), with Veterans with mental illness with limited family involvement in their care. The intervention yielded increased family contact with the VA mental health system⁶. While the REORDER intervention had a positive impact on family involvement in care, its length and complexity could present a barrier to its widespread implementation; a streamlined version of this intervention was needed to improve feasibility of dissemination.

Portions of the aforementioned REORDER intervention were adapted for use as part of an NIMH-funded project aimed at developing team-based care for young adults with early psychosis and their families (the RAISE Connection Project). Researchers created and implemented a brief, semi-structured SDM-based interview to generate a collaborative discussion between the young person and his/her mental health clinician regarding the benefits of, barriers to, and options for family involvement in treatment⁷. The SDM instrument provided a **brief and user-friendly tool to facilitate discussion around family involvement in a way that was responsive to consumers' values and preferences.**

Development of SDM-FIT

The authors received funding from the VA Mental Health QUERI Recovery Workgroup to adapt the SDM instrument from the RAISE intervention and develop a stand-alone protocol for use by any provider working with Veterans in a VAMCHS mental health clinic. We obtained input from clinicians across disciplines and mental health settings in the VAMHCS, feedback from Veterans with mental illness, and feedback from researcher experts, and created a beta version of the SDM-FIT protocol. This beta version was successfully pilot tested on an acute inpatient unit in the VAMHCS (6A), following which the protocol was further edited and refined to create the final product.

References

1. McFarlane, W. R., Dixon, L., Lukens, E., Lucksted, A. (2003). Family psychoeducation and schizophrenia: a review of the literature. *Journal of Marital and Family Therapy*, 29(2), 223-245.
2. Murray-Swank, A., Glynn, S., Cohen, A. N., Sherman, M., Medoff, D. P., Fang, L. J., Drapalski, A., & Dixon, L. B. (2007). Family contact, experience of family relationships, and views about family involvement in treatment among VA consumers with serious mental illness. *Journal of Rehabilitation Research and Development*, 44(6), 801.
3. Cohen, A. N., Drapalski, A. L., Glynn, S. M., Medoff, D., Fang, L. J., & Dixon, L. B. (2013). Preferences for Family Involvement in Care Among Consumers With Serious Mental Illness. *Psychiatric Services*, 64(3), 257-263.
4. Resnick, S. G., Rosenheck, R. A., Dixon, L., & Lehman, A. F. (2005). Correlates of family contact with the mental health system: Allocation of a scarce resource. *Mental Health Services Research*, 7(2), 113-121.
5. Lucksted, A., Stewart, B., Seybolt, D., & Dixon, L. (2002). Summary of VA Staff Focus Groups Regarding Family Needs. VISN-5 Mental Illness Research, Education, and Clinical Center, VA Family Needs Assessment Project.
6. Dixon, L. B., Glynn, S. M., Cohen, A. N., Drapalski, A. L., Medoff, D., Fang, L. J., Potts, W., & Gioia, D. (2014). Outcomes of a Brief Program, REORDER, to Promote Consumer Recovery and Family Involvement in Care. *Psychiatric Services*, 65(1), 116-120.
7. Dixon, L.B., Goldman, H.H., Bennett, M.E., Wang, Y., McNamara, K.A., Mendon, S.J., Goldstein, A.B., Choi, C.J., Lee, R.J., Lieberman, J.A., Essock, S.M. (2015). Implementing Coordinated Specialty Care for Early Psychosis: The RAISE Connection Program. *Psychiatric Services*, 66(7), 691-698.

Acknowledgements

We would like to gratefully acknowledge the contributions of the following individuals in the development of this protocol:

For their expert input, we would like to thank Shirley Glynn, Ph.D. and Lisa Dixon, M.D., M.P.H.

For their partnership in piloting the tool in a clinical setting, we would like to thank Lisa Sterk, Ph.D., Louis Brancalone, Ph.D., and Shirley Maniece, VAMHCS Peer Specialist.

For designing the manual, we would like to thank Lorrienne Kuykendall, M.A. research assistant at the VISN 5 MIRECC.

INSTRUCTIONS FOR USE:

General Instructions:



The clinician should have the SDM-FIT Clinician Guide, SDM-FIT Clinician's Notes Pages, and a pen.



The clinician provides the Veteran with the SDM-FIT Veteran Guide.



The clinician prompts the Veteran to follow along in the SDM-FIT Veteran Guide throughout the discussion.



The clinician records notes from the discussion on the SDM-FIT Clinician's Notes Pages throughout the discussion.



The SDM-FIT Clinician and Veteran Guides walk both participants through all the steps of the discussion.

STEPS OF THE SDM-FIT DISCUSSION:

1. Introducing the Guide

Starting on page B1 of the SDM-FIT Veteran Guide, and page 9 of the SDM-FIT Clinician Guide, the clinician introduces the discussion.

2. Assessment of the Social Network

The clinician assesses who is in the Veteran's social network, using a broad definition of social support.

3. Assessment of Benefits of Family Involvement

The clinician provides information regarding the benefits of family involvement in mental health treatment.

The clinician assesses the Veteran's viewpoint on potential benefits of family involvement for him/her.

4. Assessment of Concerns about Family Involvement

The clinician provides information regarding common concerns about family involvement in mental health treatment.

The clinician assesses the Veteran's viewpoint on potential concerns about family involvement for him/her.

[Continued on Next Page]

5. Assessment of Preferences for Family Involvement

The clinician provides information regarding options for family involvement in mental health treatment.

The clinician assesses the Veteran's preferences regarding family involvement, including which family members and what types of involvement the Veteran prefers.

6. Discussion of Confidentiality

The clinician provides information regarding confidentiality when family members are involved in mental health treatment.

The clinician assesses the Veteran's preferences regarding confidentiality with family members.

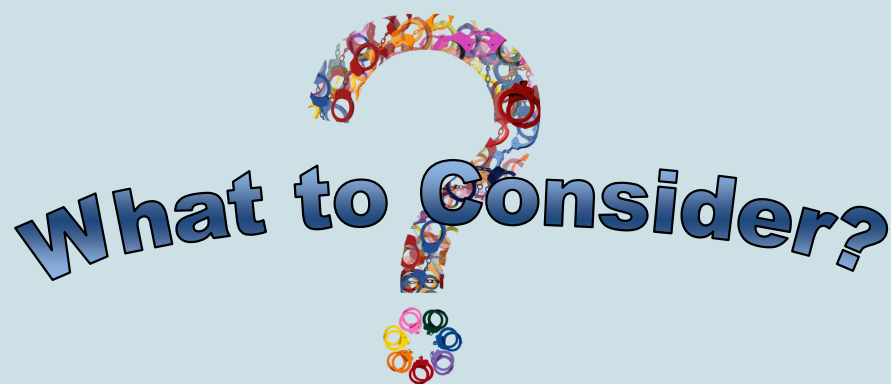
The clinician completes Releases of Information if appropriate and necessary.

7. Action Plan

The clinician and the Veteran collaboratively choose next steps to implement the Veteran's preferences regarding family involvement in his/her mental health treatment.

Follow-up from the SDM-FIT discussion:

- The clinician passes on the information gleaned from the SDM-FIT discussion to other members of the treatment team as appropriate.
- The clinician may use the SDM-FIT Formatted CPRS Note to record the results of the discussion in the Veteran's electronic medical record.



What to Consider?

Which Veterans?

We recommend that all Veterans attending a mental health treatment program participate in the SDM-FIT protocol. This is because research has indicated that many Veterans want family involved in their care, and that clinicians are often unaware that this is the case. More in-depth discussion of family involvement with all Veterans is needed to address this problem.

Which Providers?

The SDM-FIT protocol was designed to be implemented by any mental health provider, regardless of discipline. The decision of which member of the treatment team will implement SDM-FIT is up to each individual mental health program, depending on the needs, resources, and structure of the program.

We recommend that the protocol be implemented by the provider who is most likely, within his/her role on the treatment team, to be in contact with a particular Veteran's social support system. In some programs, this may be within the purview of social work. In other programs, it may whichever provider is assigned to provide individual psychotherapy to a particular Veteran. In the Psychosocial Rehabilitation and Recovery Clinics, the person assigned to be a Veteran's recovery partner may be the most logical person to conduct this discussion.

Obviously, resource constraints are an issue for consideration. The treatment team member assigned to implement this protocol should have the availability and time to carry it out. When we pilot tested the SDM-FIT protocol on 6A, we assigned a Peer Specialist to implement the protocol, in large part because other providers on the unit did not have the bandwidth to integrate this activity into their workload.

When To Do It?

The SDM-FIT protocol can be conducted at any time during a Veteran's enrollment in a mental health treatment program. The best time to discuss family involvement in treatment is now!

Generally, we recommend that the SDM-FIT protocol be conducted towards the beginning of a Veteran's enrollment in a mental health treatment program, but not at the very beginning. While the SDM-FIT protocol could be integrated into a Veteran's initial intake, we are aware that many programs already have substantial intake procedures and requirements to complete and are hesitant to add to that burden. In addition, a Veteran may be more willing to involve family members in treatment when he/she has established an initial understanding and rapport with the providers in a particular treatment program. Thus, we recommend that the SDM-FIT protocol be implemented once the Veteran's initial treatment plan has been established and has just gotten underway.

In pilot testing, the Peer Specialist conducted the SDM-FIT protocol with Veterans on the unit who had already completed all intake procedures and were actively engaged in stabilization and discharge planning. These Veterans were in a position to reflect on their treatment and recovery goals and to think about how family members might play a role.

How Will The Results Be Recorded and Disseminated?

Often, multiple treatment team members need to know about a Veteran's preferences for family involvement in treatment. Therefore, it is important to consider how the results of the SDM-FIT protocol will be disseminated to other members of the treatment team.

When we pilot tested the protocol, the Peer Specialist who conducted the SDM-FIT completed a CPRS note recording the results of the discussion. She added other members of each Veteran's treatment team as cosigners on the note. In addition, she reported results from her SDM-FIT discussions to other treatment team members at daily team meetings. These represent just a few of the options to facilitate dissemination of Veteran preferences for family involvement in care.

Training of Staff

The SDM-FIT protocol was designed to be user-friendly, such that mental health providers could easily read through the materials and implement the protocol with minimal training or supervision. When we pilot tested the protocol on 6A, we conducted two one-hour training sessions with the Peer Specialist which included didactics, review of materials, and role-play; this training model appeared effective.

If you are interested in scheduling a training on the SDM-FIT protocol, or would like further consultation on how to implement this protocol in your mental health clinic or program, contact Anjana Muralidharan at anjana.muralidharan2@va.gov or 410-637-1872.

SHARED DECISION-MAKING FOR FAMILY INVOLVEMENT IN TREATMENT:

CLINICIAN GUIDE

*This guide will help Veterans
make an informed decision
about whether and how they
would like their family to be
involved in their mental
health treatment.*

HOW TO USE THIS MANUAL:

Sample of Veteran Guide

Non-italicized text provided for instruction.

Italicized text provides script for clinician to use.

The sample page is titled "Assessment of the Social Network". It contains the following elements:

- Header:** "Clinician's Guide" on the left and "SDM-FIT Manual 2016" and "12" on the right.
- Main Title:** "Assessment of the Social Network".
- Instructions:**
 - Read, or have the Veteran read, the text on the page aloud.
 - Probe about important individuals in the person's social network – including all the relationships listed.
- Family Checklist:**

Who is in your family?

Family can include all kinds of people, like:

 - ☐ Mothers/fathers
 - ☐ Siblings
 - ☐ Spouses/significant others
 - ☐ Children
 - ☐ Aunts/uncles
 - ☐ Cousins
 - ☐ Grandparents
 - ☐ Close friends
 - ☐ Peers
 - ☐ Other Veterans
- Clinician Tip:**

If the Veteran says, "I have no family," follow up with questions such as:

 - If something important happened to you, who would you tell?*
 - Who helps you when you are ill?*
 - Are there people who care about your welfare?*

*If after multiple attempts, the Veteran states s/he does not have social supports, then the shared decision making discussion can be terminated.
- Important People Section:**

Who are the important people in your life?

Below this title are several horizontal lines for writing.
- Footer:** "MIRECC/SDM-FIT Version 11/28/16"

SDM-FIT Legend:



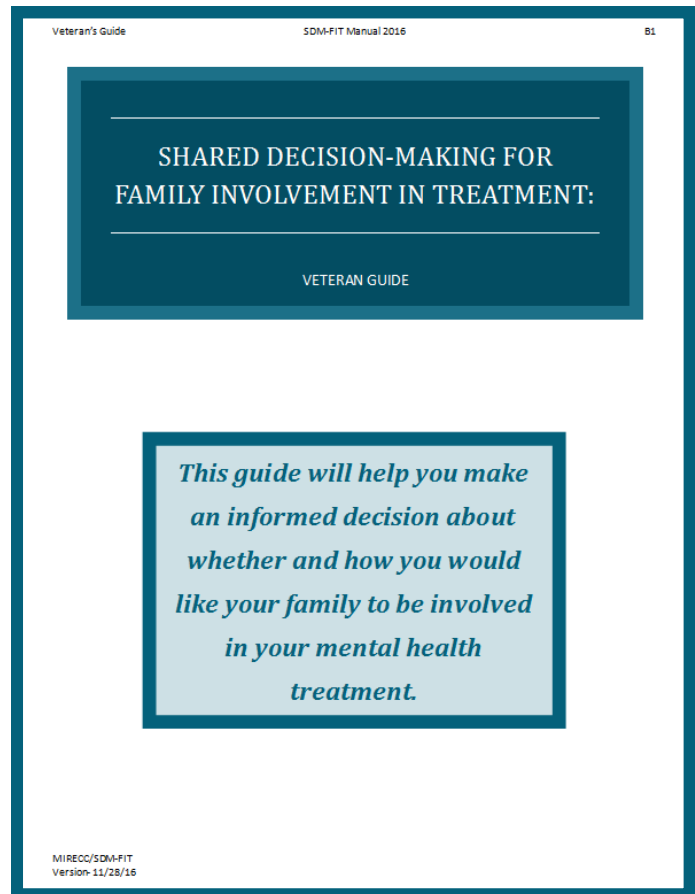
Clinician tip/ trouble shooting help



Examples

Ample space for notes!

Introducing the Guide



Introduce the guide as follows:

"This guide will help us have a discussion about whether you would like to have your family involved in your mental health treatment. Whether and how you choose to involve your family in treatment is completely up to you. This guide and discussion will help you make an informed decision, and will help us make a plan to put your decision into action."

Assessment of the Social Network

- Read, or have the Veteran read, the text on the page aloud.
- Probe about important individuals in the person's social network – including all the relationships listed.

Veteran's Guide SDM-FIT Manual 2016 B2

Who is in your family?

Family can include all kinds of people, like:

- ☐ Mothers/fathers
- ☐ Siblings
- ☐ Spouses/significant others
- ☐ Children
- ☐ Aunts/uncles
- ☐ Cousins
- ☐ Grandparents
- ☐ Close friends
- ☐ Peers
- ☐ Other Veterans

**What about for
you?**

Who are the important people in your life?

MIRECC/SDM-FIT
Version 11/28/16

Clinician Tip:

If the Veteran says, "I have no family," follow up with questions such as:

- ***If something important happened to you, who would you tell?***
- ***Who helps you when you are ill?***
- ***Are there people who care about your welfare?***

****If after multiple attempts, the Veteran states s/he does not have social supports, then the shared decision making discussion can be terminated.***

Assessment of Benefits of Family Involvement

- Read, or have the Veteran read, the text on the page aloud.
- Probe about benefits of family involvement for the Veteran.

Veteran's Guide SDM-FIT Manual 2016 B3

How might family involvement help you in achieving your recovery?


Veterans with family members involved in their mental health treatment have:	Family members who are involved with Veterans' mental health treatment have:
<ul style="list-style-type: none"> • Lower rates of hospitalization • Better attendance of mental health treatment • Better adherence to medication • Increased feelings of empowerment and hope • Greater knowledge of mental illness and treatment/services • Improved relationships • Better employment rates 	<ul style="list-style-type: none"> • Decreased worry/ concern • Improved well-being • Reduction in stress • Greater knowledge of mental illness and treatments/services • More access to information concerning family support services • Greater sense of empowerment and self-esteem • More ability to care for their own personal needs

Other Veterans have said:

- It would help me feel better.
- It would help my family feel better.
- It would help my family understand.
- It would help me attend treatment.
- It would help me manage my illness.

What about for you?

MIRECC/SDM-FIT
Version 11/28/16

Clinician Tip: 

If after multiple attempts, the Veteran cannot name any potential benefits of family involvement, then the shared decision-making discussion can be terminated.

Assessment of Concerns about Family Involvement

- Read, or have the Veteran read, the text on the page aloud.
- Probe about concerns regarding family involvement for the Veteran.

Veteran's Guide SDM-FIT Manual 2016 B4

Family Involvement Concerns

What concerns do you have about getting family involved in your treatment?

What about for you?

Other Veterans have said:

- I would lose privacy.
- My family would fight more.
- My family would have less time for other important family responsibilities.
- I worry that my family may hassle me.

MIRECC/SDM-FIT Version 11/28/16

Clinician Tip #1:

If the Veteran has a lot of concerns, respond with:

"It sounds like you have a lot of concerns. It's completely up to you whether to have them involved. Before you decide, let's talk about the options for family involvement."

Clinician Tip #2:

If the Veteran cites privacy as a concern, respond with:

"Confidentiality is very important. We can't share any information with your family without your permission. We will definitely talk more about it later in this discussion. Before that, let's talk about the options for family involvement."

Assessment of Preferences for Family Involvement

- Read, or have the Veteran read, the text on the page aloud.
- Identify family member(s) that the Veteran would like to be involved.
- Identify preferred options for involvement.

Veteran's Guide SDM-FIT Manual 2016 85

Family Involvement

Which family members do you want involved in your treatment?

How would you like them to be involved?

Different family members can be involved in different ways.
Some options for family involvement:

- ☐ We could send your family member written materials about your mental illness.
- ☐ We could provide information for a general or education support group that your family member could attend.
- ☐ We could invite your family member to attend sessions that are part of your treatment, or to visit me on the unit.
- ☐ You could give your family member permission to call your treatment team if they have a question.

What about for you?

MIRECC/SDM-FIT
Version 11/28/16

Clinician Tip:

If the Veteran has decided he/she would NOT like his/her family involved in treatment, AND

⇒ **His/her main concern is confidentiality:** skip to the next page and discuss this topic in detail before making a final decision.

⇒ **His/her main concern is NOT confidentiality:** the shared decision-making discussion can be terminated.

Discussion of Confidentiality

- Read, or have the Veteran read the text on the page aloud.
- For each family member that the Veteran would like to be involved, discuss what information can/cannot be shared with him/her.
- Answer any questions the veteran has about confidentiality.
- If within your professional purview/scope, complete the relevant Release of Information forms.

Veteran's Guide
SDM-FIT Manual 2016
B6

What can your treatment team communicate about you to your family members?

Your confidentiality is very important. Your treatment team cannot discuss your mental illness and treatment with your family without your permission.

Here are some examples of topics your treatment team could discuss with your family members, with your permission:

- Information about your diagnosis
- Information about your medications
- Information about your appointments and attendance
- Information about what stresses you out
- Information about how they can support you
- Information about the signs they can look for to see if you are doing better or worse

What can your treatment team share with your family members?	What can your treatment team NOT share with your family members?

MIRECC/SDM-FIT
Version 11/28/16

Clinician Tip:

If the Veteran's preferences for family involvement includes clinician contact with a family member, state the following:

"If we are in contact with your family members, they can give us any information about you that they want. If this happens, we will share that information with you, except in cases where there is an imminent safety concern."

Action Plan

- Record a concrete ACTION PLAN with all the relevant information needed to carry out the plan.
- Action plan can include referrals to Family Intervention Team as appropriate – clinician can place consult in CPRS.

Veteran's Guide SDM-FIT Manual 2016 B7

What next steps should we take to make sure we get your family members involved in your mental health treatment according to your preferences?

Let's make a specific
ACTION PLAN!

What steps do you want to take?	What steps do you want me to take?
<input type="checkbox"/> Do you want to talk to you family member(s) about being involved? <input type="checkbox"/> Do you want to talk to your other treatment providers about including your family? 	<input type="checkbox"/> Do you want me to reach out to your family member(s) about being involved? <input type="checkbox"/> Do you want me to pass along this information to your other treatment providers?

MIRECC/SDM-FIT
Version-11/28/16

Examples include:

- ⇒ "Wife to attend session with psychiatrist. Wife- Jane Doe, 555-5555"
- ⇒ "Treatment team to mail educational materials to Veteran's brother. Brother- John Doe, 1234 Anywhere Street, Anytown, USA"
- ⇒ "Treatment team to provide NAMI brochures to Veteran to give to his mother and close friend"
- ⇒ "Veteran to provide contact information for social worker to his son"

APPENDIX

PART A

Shared Decision Making for Family Involvement in Treatment: Clinician Notes

ASSESSMENT OF THE SOCIAL NETWORK

ASSESSMENT OF BENEFITS OF FAMILY INVOLVEMENT

i.	It would help me manage my illness.	Yes	No	Unsure
ii.	It would help me feel better.	Yes	No	Unsure
iii.	It would help my family feel better.	Yes	No	Unsure
iv.	It would help my family understand.	Yes	No	Unsure
v.	It would help me attend treatment.	Yes	No	Unsure
vi.	Other	Yes	No	Unsure

ASSESSMENT OF CONCERNS ABOUT FAMILY INVOLVEMENT

i.	I would lose privacy.	Yes	No	Unsure
ii.	We would fight more.	Yes	No	Unsure
iii.	They would have less time for other	Yes	No	Unsure
iv.	Important family responsibilities.	Yes	No	Unsure
v.	I worry they may hassle me.	Yes	No	Unsure
vi.	Other	Yes	No	Unsure

ASSESSMENT OF PREFERENCES FOR FAMILY INVOLVEMENT

Which family member(s) do you want involved in your treatment? _____

I want these family member(s) to:

Receive written materials about my mental illness	Yes	No	Unsure
Attend a general or education support group	Yes	No	Unsure
Attend sessions that are part of my treatment	Yes	No	Unsure
Be able to call my treatment team if they have a question	Yes	No	Unsure
Visit me on the unit	Yes	No	Unsure
Attend family therapy with me	Yes	No	Unsure
Other	Yes	No	Unsure

Which other family member(s) do you want involved in your treatment? _____

I want these family member(s) to:

Receive written materials about my mental illness	Yes	No	Unsure
Attend a general or education support group	Yes	No	Unsure
Attend sessions that are part of my treatment	Yes	No	Unsure
Be able to call my treatment team if they have a question	Yes	No	Unsure
Visit me on the unit	Yes	No	Unsure
Attend family therapy with me	Yes	No	Unsure
Other	Yes	No	Unsure

DISCUSSION OF CONFIDENTIALITY

Complete / Not complete

Veteran preferences regarding confidentiality* _____

Complete Releases of Information as needed and if appropriate*ACTION PLAN**

What next steps do you want to take in terms of family involvement in your treatment?

Talk to my family member about being involved	Yes	No	Unsure
Talk to my treatment team about including my family	Yes	No	Unsure

Next steps for Veteran: _____

Next steps for treatment team**: _____

****If Veteran is interested/could benefit from family/couples therapy, provider can place a consult to the Family Intervention Team (FIT) in CPRS.**

APPENDIX

PART B

SHARED DECISION-MAKING FOR FAMILY INVOLVEMENT IN TREATMENT:

VETERAN GUIDE

*This guide will help you make
an informed decision about
whether and how you would
like your family to be involved
in your mental health
treatment.*

Who is in your family?

Family can include all kinds of people, like:

- ☐ Mothers/fathers
- ☐ Siblings
- ☐ Spouses/significant others
- ☐ Children
- ☐ Aunts/uncles
- ☐ Cousins
- ☐ Grandparents
- ☐ Close friends
- ☐ Peers
- ☐ Other Veterans



Who are the important people in your life?

How might family involvement help you in achieving your recovery?


Veterans with family members involved in their mental health treatment have:	Family members who are involved with Veterans' mental health treatment have:
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Other Veterans have said:

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- It would help my family understand.
- It would help me attend treatment.
- It would help me manage my illness.

What about for you?

Family Involvement Concerns



What concerns do you
have about getting family
involved in your
treatment?

What about for you?

Other Veterans have said:

- I would lose privacy.
- My family would fight more.
- My family would have less time for other important family responsibilities.
- I worry that my family may hassle me.

Family Involvement

Which family members
do you want involved
in your treatment?

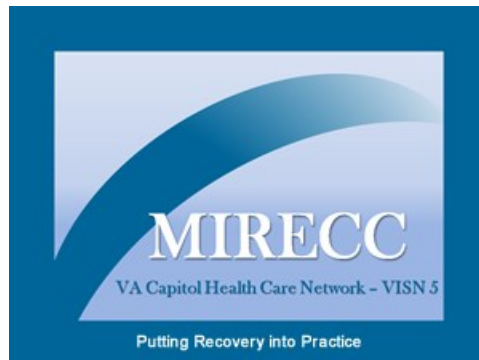
How would you
like them to be
involved?

Different family members can be involved in different ways.

Some options for family involvement:

- ☐ We could send your family member written materials about your mental illness.
- ☐ We could provide information for a general or education support group that your family member could attend.
- ☐ We could invite your family member to attend sessions that are part of your treatment, or to visit me on the unit.
- ☐ You could give your family member permission to call your treatment team if they have a question.

What about for you?



VA Capitol Health Care Network (VISN 5)

Mental Illness Research, Education, and Clinical Center (MIRECC)

www.mirecc.va.gov/visn5

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